

Location

Lease Road:			
Type	Main		
comment:			
Corrective ActionL			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	EMERGENCY CONTACT NUMBER ON SIGN		
Corrective Action:			Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	ROD IRON FENCE SE CORNER N40.19812 W-104.34794		
Corrective Action:			Date:

Equipment:			corrective date
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:			Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 251395 Type: WELL API Number: 123-19198 Status: PR Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: 400 Csg psi: 0 BH psi: 0

Insp. Status: Pass

Comment: START 400 PSI, 5 MIN 400 PSI, 10 MIN 400 PSI, 15 MIN 400 PSI, -0 PASSED

Corrective Action: _____ Date: _____

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: MIT TEST START 400 PSI, 5 MIN 400 PSI, 10 MIN 400 PSI, 15 MIN 400 PSI, -0 PASSED

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>MIT TEST</u>	montoyaj	09/15/2016